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Community Action



for Heart Health

A summary of the findings
from the British Columbia
Heart Health Demonstration Project
1992-1997



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**A summary of the findings from the British Columbia
Heart Health Demonstration Project 1992-1997**

NHRDP Project No. 6610-1936-H

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BRITISH COLUMBIA HEART HEALTH DEMONSTRATION PROJECT

Executive Summary

The British Columbia Heart Health Demonstration Project (BCHHDP) was launched by the Preventive Health Branch of the B.C. Ministry of Health in the spring of 1992 with joint funding from the province and the National Health Research Development Program of Health Canada. The purpose of this five-year research project was to develop and assess the effectiveness of a comprehensive, community-based approach to heart health promotion that addressed the multiple risk factors associated with cardiovascular disease (CVD)

Four demonstration-site communities—Kimberley/ Cranbrook, Vancouver North Shore, Squamish, and Upper Island—were chosen to take part. The project focused on developing the capacity of these demonstration-site communities to assess population health needs; mobilize communities to take action; plan and implement effective heart health programs; and monitor and evaluate the results of their programs and activities.

Funding for the four demonstration sites was provided through cost sharing by the National Health Research Development Program, the B.C. Ministry of Health and community partners, and each community received technical support and guidance from project investigators and staff.

Using a public health approach to CVD prevention and health promotion, the project participants worked in partnership with organizations, professionals and businesses in each of the selected demonstration communities to achieve seven goals:

1. build effective partnerships
2. establish sustainable activities and strategies
3. develop a strategy for sharing information and results
4. increase heart health and decrease heart disease
5. develop a practical evaluation plan that involves all stakeholders
6. be fiscally responsible and accountable
7. generate public policy that supports healthy environments.

Key lessons learned

♥ Partnerships

- To build cohesive community partnerships, it helps to have:
 - a clear mission statement that all prospective partners can share;
 - a lead agency or opinion leaders who are visibly supportive of the project;
 - a collaborative, inclusive leadership style.
- Expectations of all project partners, including the funding agency, need to be clarified at the project outset.
- Delays can affect project momentum, participation and partnerships. To avoid delays, funding agencies need to consider realistic timelines for the application and planning phases, and the distribution of funds.
- Technical reviews of projects need to be conducted during the early planning stages.

♥ *Sharing Information/Results*

- Disseminating information and results from a project requires time and resources. However, if repeating an activity in other locations is a project goal, directing current project resources to dissemination activities is important.
- The potential that a program or activity can be repeated in other locations will be enhanced if:
 - all the steps and outcomes of the program are well-documented from the outset;
 - the program has clearly-identified key principles, objectives and plans;
 - staff are trained and available to disseminate information about the program and how to use it.
- It is a good idea to plan for the natural spreading of ideas and information, and for the impact of requests for information from other areas, projects, communities, regions and provinces on project resources.
- Conferences, workshops and the provision of central technical expertise and coordination can facilitate the spreading of a "product" or idea.

♥ *Sustainability*

- Key ingredients for increasing the chances that a program or activity will be sustainable beyond a demonstration period include:
 - an internal commitment of funding and resource;
 - a committed leadership;
 - a timeline that is long enough to permit the program to become established and integrated into the community;
 - a good fit between the program and activity and other programs and services already being offered in the community.

♥ *Increasing Heart Health and Decreasing Heart Disease*

- The amount of resources (both money and staff) allocated to a project will affect the types of activities selected, and therefore the reach and outcomes expected. Activities that reach a lot of people are usually inexpensive but are less likely to result in behaviour changes because contact with the individual is low. Activities that include lots of contact with an individual are expensive, reach fewer people, but are more likely to result in behaviour changes.
- In a short-term project (two to five years) with activities that reach a lot of people in the community but have a low-to-moderate amount of contact with each person, it is reasonable to expect changes in knowledge, awareness and attitude, and small changes in behaviour in the target audience.

♥ *Participatory Research/Evaluation*

- Community participation in the research and evaluation component of a project can be enhanced by:
 - clarifying the expectations for research and evaluation at the outset of projects;
 - reducing the controls imposed on the selection of outcome indicators and methodologies;
 - focusing on building research and evaluation skills at the community level.

♥ *Healthy Public Policy*

- Some key factors that contribute to an issue's readiness for advocacy and the potential success of that advocacy are:
 - the presence of a monitoring and planning mechanism;
 - development of evidence-based policy options;
 - relationships with policy makers;

- the ability to interest the media;
- skills in building coalitions;
- high levels of issue importance and current relevance;
- the availability of solutions and support for implementing the solutions;
- having sound evidence of effectiveness.
- Advocacy takes time and may require a variety of different activities such as surveys, media campaigns, partnership building and strategy documents.
- Centralized training workshops and conferences plus access to evidence-based resources such as the Leading the Pack documents encourages action at the community level.

♥ *Fiscal Responsibility*

- The financial position of a project can be strengthened by seeking out partners and stakeholders who can contribute funding and resources.
- A written contract that commits a project team to evaluation and accountability measures, operational planning, and reporting formats and timelines supports follow-through related to these items at the end..
- In order to support continued commitment to guidelines and accountability, plans should be reviewed early in the process.
- It is important to provide detailed training guidelines, standardized reporting forms and technical assistance for planning and reporting.
- Detailed event and operational tracking is needed to achieve accountability and program performance monitoring. However, this has resource implications. (It was estimated by community staff in the BCHHDP that approximately one-third of their time was devoted to evaluation and reporting requirements.)
- Feedback loops such as quarterly reviews of operational data, annual reviews of

qualitative evaluation data, monthly conference calls and quarterly meetings with project staff and management help a project remain responsive to shifting political, economic and organizational environments.

- Timely feedback of data to project partners and staff for decision-making increases the "buy-in" to the accountability processes.
- An electronic database that allows for the immediate review of operational data (minutes, decisions, track and plans) within and across communities, and for the pairing of costs with results and reach, facilitates accountability, program performance monitoring and evaluation.
- Project partners and staff are more likely to use tracking and reporting forms and evaluations if they collaborate in creating them.

♥ *Other*

- Having access to centralized technical information and support enhances the ability of demonstration sites to successfully implement and manage community activities, and gather data for research and evaluation. To be effective, technical support should:
 - involve communication that is responsive, flexible, accommodating and continuous;
 - be based on trust, respect, inclusiveness, the sharing of responsibility and a capacity for humour;
 - address the immediate needs and timing of the recipients.

Overview

The British Columbia Heart Health Demonstration Project (BCHHDP) was launched by the Preventive Health Branch of the B.C. Ministry of Health in the spring of 1992 with joint funding from the province and the National Health Research Development Program (NHRDP) of Health Canada. The purpose of this five-year research project was to develop and assess the effectiveness of a comprehensive, community-based approach to heart health promotion that addressed the multiple risk factors associated with cardiovascular disease (CVD).

The project focused on developing the capacity of communities in four demonstration sites to:

- **assess the health needs of community members;**
- **mobilize their communities to take action;**
- **plan and implement effective heart health programs; and**
- **monitor and evaluate the results of their actions.**

Background

Cardiovascular disease is the leading cause of death in British Columbia, claiming almost 5,000 lives a year. An additional 2,100 British Columbians die every year from stroke.

In 1989, the B.C. Ministry of Health, with funding from the National Health Research Development Program (NHRDP) and support from the Heart and Stroke Foundation of B.C. and Yukon, conducted a survey of British Columbians aged 18 to 74 years to determine the prevalence of CVD risk factors in the population.

The B.C. Heart Health Survey showed that in 1989 two-thirds of British Columbians

had one or more of the major risk factors for heart disease.

- 14 per cent of the target population have high blood pressure¹
- 46 per cent have elevated blood cholesterol¹
- 23 per cent smoke²
- 28 per cent are overweight¹
- 45 percent of British Columbians are physically inactive.³

Young men and women with lower levels of education had more risk factors than average, and there was generally poor recognition among the entire population of the risk factors which contribute to heart disease. Collectively, these findings showed that the prevalence of risk factors among the residents of B.C. is widespread, and that the high rate of heart disease in the province is associated with unhealthy lifestyles and socio-economic factors.

Development of Project

In response to these findings, British Columbia applied for and received funding from Health Canada to conduct a five-year demonstration project. The aim of the project was to explore the potential of a comprehensive, community-based approach to reducing CVD risk factors—and ultimately, heart disease—in several demonstration-site communities.

As a first step, the B.C. Ministry of Health together with the Heart and Stroke Foundation of B.C. and Yukon, organized and delivered six regional workshops across the province in 1990. These workshops reported on the major findings of the Heart Health Survey and aimed to mobilize community interest around issues of heart health promotion.

Subsequently, 12 communities submitted in-depth proposals to participate in the demonstration project and four of these communities were selected as participants—

¹ B.C. Heart Health Survey 1989

² Angus Reid Tobacco Survey

³ Statistics Canada, National Population Health Survey (Ottawa: 1994)

Kimberley/Cranbrook, Vancouver North Shore, Squamish, and Upper Vancouver Island. These four demonstration-site communities were chosen on the basis of their health status, as well as their social, economic, geographic and physical characteristics. Other key considerations in the selection of demonstration sites were:

- a.) a diversity in health status based on CVD hospitalization and mortality rates;
- b.) demonstrated interest by the community;
- c.) readiness to take action in the area of heart health and a commitment to adhere to the approved research protocol;
- d.) a willingness to participate in provincial level planning, evaluation, networking and training activities.

The names of the projects in the four demonstration-site communities were:

- Kimberley/Cranbrook HeartLinks
- Heart Smart North Shore (Vancouver)
- Squamish Hearty Lifestyles
- Upper Island: Love Your Heart

Each demonstration site developed its own infrastructure during its first few years. However, all four sites employed a local community coordinator and formed a steering/core committee to identify community needs and to plan, implement and evaluate heart health activities. Each community also solicited partnerships and collaboration from existing health and social service organizations, as well as businesses in the community.

Planning was based on local conditions and resources within demonstration-site communities and, as such, led to some diversified approaches by the steering committees. All the sites chose to define "heart health" in its broader sense and pursue local projects emphasizing either "lifestyle" or "wellness" themes. Funding for the four demonstration sites was provided through cost-sharing by the National Health Research Development Program of Health Canada, the B.C. Ministry of Health and community partners. As well,

each community received support, assistance and guidance from project investigators and staff.

Goals

Using a public health approach to CVD prevention and health promotion, the project participants worked in partnership with organizations, professionals and businesses in each of the selected demonstration communities to achieve seven goals:

1. **build effective partnerships;**
2. **establish sustainable activities and strategies;**
3. **develop a strategy for sharing information and results;**
4. **increase heart health and decrease heart disease;**
5. **develop a practical evaluation plan that involves all stakeholders;**
6. **be fiscally responsible and accountable;**
7. **generate public policy that supports healthy environments.**

Implementation

The BCHHDP focused on determining the most effective processes for implementing community-based CVD prevention programs in targeted populations. The project was planned and delivered within a decentralized delivery structure under the auspices of local public health authorities. Through a community mobilization approach, communities received support to organize initiatives according to their own needs, resources and demographics.

Support was provided by the BCHHDP project team, which consisted of the investigators, a full-time provincial coordinator who provided technical expertise and other resources, clerical support, and an employee responsible for data entry and analysis.

Technical Assistance and Support to Demonstration Communities

At the outset of the BCHHDP, it was expected the investigators and staff would provide technical assistance and support to the community coordinators and volunteers in the four demonstration communities. This support was not implemented early in the project because of limited time and project resources, as well as the belief by some project stakeholders that their communities had many of the skills necessary to plan and implement local programs. In the course of the National Health Research Development Program site visit (see p. 11), this lack of technical support was identified as a problem among the four communities. A full-time provincial coordinator was then hired to help with this aspect of project management. Technical assistance and support provided by the provincial coordinator addressed the communities' needs for information and hands-on training, clarified roles and responsibilities, provided direction to community projects, and linked communities and project partners.

The Heart Health Information System

In addition, the Ministry of Health developed a central data base called the Heart Health Information System (HHIS) to document partnerships, activities, and project processes and outcomes. The HHIS provided data for the evaluation team, management committees and the communities to use in planning, operational and strategic decision-making, and project monitoring and evaluation. With the assistance of project staff in analyzing, interpreting and presenting the data from the HHIS and elsewhere, communities were able to use the information to report to their local management committees and the community. As well, evaluators used this information to prepare progress and management reports.

Research Methodology

In keeping with its stated purpose, resources and time-frame, the research component of the BCHHDP focused initially on indicators of partnerships, sharing of information and sustainability (goals 1, 2 & 3). The reasoning was that by emphasizing partnerships and information sharing, the project would bring about activities, and policy and attitude changes, that would be sustainable once the period of funding was complete. After 1993, greater emphasis was placed on measuring the impact of activities on community heart health knowledge, awareness and behaviours (goal 4). Indicators associated with the participatory nature of the research project (goal 5), fiscal responsibility (goal 6) and healthy public policy (goal 7) were tracked insofar as they were relevant to the responsible management of the project.

Data Collection and Evaluation

Researchers used diverse data-gathering techniques to track a wide range of community activities and impact measures, and develop a comprehensive picture of the operations, effects and potential outcome of the project. Data were collected from partners, organizers and participants involved with the four demonstration projects, the B.C. Heart Health Coalition and the provincial initiative over the five years of the project. This enabled researchers to compare and contrast information from the various communities within specific years and across all five years of the project.

As well, the BCHHDP was the only demonstration project in Canada to adopt a participatory research and evaluation approach as an important focus. Under this participatory approach, all stakeholders including communities, project investigators and staff, the B.C. Heart Health Coalition and the Institute of Health Promotion Research (IHPR) at the University of British Columbia were involved in evaluating the project data. The

data were evaluated in two ways, using both qualitative and quantitative evaluation strategies. First, a provincial evaluation team comprising community members, investigators, the provincial coordinator and the evaluation staff of IHPR evaluated the project as a whole. Secondly, the community coordina-

tors in the four demonstration sites, with technical assistance from the provincial coordinator, organized initiative-specific community evaluations. These evaluations were unique to each demonstration community, although there was some sharing between communities.

Data Collection Procedures

METHOD	RESPONSIBILITY FOR DATA COLLECTION
Annual surveys of community and coalition members	Provincial evaluation team
Annual interviews with community coordinators & management/core committee members	Provincial evaluation team
Focus groups with community volunteers & coordinators	Provincial evaluation team
Quarterly reports by community & provincial coordinators	Community and provincial staff
Minutes of meetings of the steering committees, the coalition & the evaluation team	Community and coalition staff
Knowledge/awareness of risk factors & self-reported behaviours among community residents	Community staff
Knowledge/awareness of risk factors & self-reported behaviours among participants in community initiatives	Community staff
Post-intervention evaluations by participants in community initiatives	Community staff
Event tracking forms	Community staff

One year after the projects were underway and 18 months after community plans were submitted, representatives of the NHRDP conducted a site visit to review community plans and make recommendations for project development. As a result of this site visit and the data from the ongoing process evaluation, there were shifts in research directions and data collection at both the provincial and community level over the five years. Following the recommendations of the site visit, greater emphasis was placed

on documentation and on evaluating the impact of heart health activities at the community level.

Implementing the site visit recommendations affected the community mobilizing process negatively. Community staff, partner organizations and volunteers felt that controls were being imposed upon them late in the day. Some staff, partnership organizations and volunteers quit the projects at this time.

Demonstration Site Communities, Activities and Programs

Cranbrook-Kimberley HeartLinks

This project targeted two communities separated by a distance of 40 km, Cranbrook and Kimberley. Both communities were within the jurisdiction of the East Kootenay Union Board of Health which, at the outset of the project, had employed a coordinator to mobilize the communities around heart health issues. Action plans were developed by local committees, with Cranbrook targeting adults and Kimberley targeting youth.

With the advent of BCHHDP funding, a joint community coalition was formed to support and promote heart health at the community level, develop public awareness of heart health issues and facilitate the education of the target groups. The coalition began by focusing on general community awareness. Activities consisted of health fairs, local cable television heart health programming, nutritional news in the newspaper and non-smoking week campaigns. Community grants were made available to groups and individuals in the community who were interested in implementing heart health activities. The grants funded a variety of initiatives ranging from smoking cessation classes to promoting physical activity as an alternative to youth substance use.

Following the one-year NHRDP site visit, the HeartLinks committee narrowed the focus of the project to selected worksites and schools within each community. HeartLinks partnered with the McKim Middle School in Kimberley to implement school-based heart health promotion activities and with the Cranbrook Regional Hospital to implement a hospital worksite project. Heartlinks also sponsored a "stages of change" [Prochaska & DiClemente, 1992] training workshop and a Heart and Stroke Foundation of B.C. and Yukon Women and Heart Health workshop

for interested health professionals and volunteers. The media were kept informed about project activities.

Schools

Students at McKim in Kimberley named their project McHeartLinks. McHeartLinks involved a heart health committee of students, teachers, parents and an on-site coordinator in planning and implementing initiatives. Building the skills and capacity of the school and individual students was a key focus of the project. Students attended provincial and international workshops on tobacco and health. School-wide presentations, contests and activities were organized. Student heart health grants were created to encourage student involvement in the planning and implementation of heart health activities. As well, students were involved in evaluation efforts such as focus groups, surveys and actual data collection.

The school environment also changed to support heart healthy activities. The school lunch room staff introduced healthy snacks. Some teachers were trained to use Heart Smart Kids and Streethearts curriculum resources. The Heart Health Cart—a set of heart health resources—was introduced in the library, and a cross-curricular heart health project was implemented by the librarian/computer teacher. In addition, McHeartLinks supported the teachers in their quest for heart health by providing some equipment for staff to exercise at work.

Links were built with the community and other schools. Heart health workshops offered in the school were open to the community. HeartLinks staff applied for and received funding from the Health Canada Tobacco Demand Reduction Strategy Community Action Initiatives Program, which provided for a coordinator in the secondary school and a community-wide clean



Cranbrook-Kimberley

indoor air bylaw initiative. The local elementary school started a Heart Health Club, which was supported in part by the McHeartLinks coordinator. A variety of community awareness activities such as heart health fairs and fun runs were also supported by the coordinator and students from McKim.

Worksite

A worksite with a large employee base was selected as the channel through which adults in Cranbrook could be reached. Upon being approached by the HeartLinks core committee, Cranbrook Regional Hospital agreed to be the worksite partner. An on-site coordinator was hired, and Cranbrook Regional Hospital Health and Safety Committee was the steering committee for the project. The Cranbrook Hospital activities began in February 1996 and continued for 18 months. The target audience was, primarily, hospital employees and, secondly, employee families. The project coordinator conducted focus groups within each department to introduce the project and further identify needs and interests. This information, plus the information from the baseline heart health survey, were used to plan program activities.

Several initiatives were implemented including smoking cessation programs, heart smart cooking classes and coffee breaks, cholesterol screening, mini health fairs, stress and time management workshops, individual lifestyle assessments, workshops on active lifestyles, and a Hike Across Canada. An important partnership was formed with the College of the Rockies which provided workshops and lifestyle assessments for employees.

Results

- HeartLinks implemented 62 activities and reached an estimated 6,144 individuals.
- Surveys of the McKim parents and Cranbrook hospital staff showed significant increases in physical activity levels following the project.
- McKim parents also reported significantly less alcohol consumption and better eating habits.
- Over 70 per cent of participants in the Hike Across Canada project reported making lifestyle changes.

Products from the Cranbrook/Kimberley site include:

The Heart Cart
Heart Health Club
Hike Across Canada Kit
Planning Cross-Curricular Projects for Heart Health

Heart Smart North Shore

Heart Smart North Shore (HSNS)

began in 1989 as an initiative of North Shore Health with leadership from the Medical Health Officer, and public health nursing and community health promotion staff. The approach adopted by Heart Smart North Shore at that time was community-based, focused on all members of the community and involved community members on an equal footing with health professionals. A meeting of key stakeholders from health care, municipal government, business, recreation and community groups, and schools; as well as interested individuals generated 200 ideas for action and 50 volunteers. From this coalition, a smaller core committee was recruited to manage the overall direction of the project, and a number of task forces were formed related to the key initiatives. The initial goal of Heart Smart North Shore

was to increase levels of awareness about heart health including positive ways to promote healthy eating, increased activity and reduced stress. Activities and programs targeted either individuals or aspects of the community environment. Following the one-year NHRDP site visit, Heart Smart North Shore focused on healthy physical activity/walking, health promotion in the small business worksite, healthy eating and broader community awareness activities.

Healthy Activities, Walking Task Force

Walking was a key focus of Heart Smart's presence in the community. HSNS worked with many partners in the community to develop walking opportunities throughout neighbourhoods and parks. Over 50 walking leaders and sponsors were recruited. A walker's logbook was created, binders of local walks were provided in 10 locations around the community, and an annual Walkabout introduced community members to local walks and supportive organizations. As well, Talk About/Walkabout discussion sessions to introduce individuals to issues of equipment, safety, and routes plus a guided walk were held twice a year; and the Walking Web was created to match interested walkers with others in their geographical area. The Walking Task Force also made key links with the Block Watch (home safety) program, which encouraged walking groups to form within the infrastructure of the Block Watch program.

Healthy Eating Task Force

The Healthy Eating Task Force began with a focus on heart healthy eating in restaurants by working with the Heart and Stroke Foundation of B.C. and Yukon and adapting their Heart Smart Restaurant Program to fit local needs. The task force targeted local "eatery" style restaurants, and also attempted to influence chefs.

By 1995, the emphasis expanded to include demonstrating heart healthy cooking in the community, training recreation and health

staff to teach fat "budgeting" workshops, and offering training programs for food service workers emphasizing low-fat cooking options. As well, the task force took steps to raise awareness of heart healthy eating in a specific minority community—in this case the Iranian community—through education/information sessions, public service presentations in Farsi, and the production and distribution of a heart healthy Iranian cookbook. The Iranian cookbook project was a very practical way to develop the interest of a minority cultural group in heart health promotion, and it opened the door to other community involvement in health-related issues.

Community Awareness

A community awareness campaign was implemented between 1992 and 1995. The goal was to reach the population with messages concerning healthy self-care and prevention of heart disease. Five main messages were highlighted: healthy eating, physical activity, not smoking, stress management and social support. The campaign included newspaper and community newsletter advertising, the broadcast of the 1994 heart health forum, public displays for key community gathering places, and bookmarks with heart smart tips. In addition, HSNS published a newsletter.

Worksite Task Force

The objectives of the Worksite Task Force were to increase heart health actions in small worksites (1-5 employees) and to establish a workplace resource support team. After a needs assessment, it became apparent that unique strategies would have to be developed to overcome the barriers that small business owners and employees experience. The small business message campaign was developed and eventually staged in four sites. Owners and employees were involved in developing heart healthy messages for their storefronts; distributing heart health message handouts; and, in some cases, sponsoring special heart month



North Shore

events such as blood pressure readings and cooking demonstrations. Heart health fairs and contests were held for shoppers. In the 1996 campaign, local business owners contributed to a low-fat cookbook which was then sold to shoppers.

Results

- **Heart Smart North Shore implemented 106 activities and reached an estimated 56,000 people on the North Shore of Vancouver.**
- **The community survey found an overall decrease in smoking rates from 1993 to 1997 and significant increases in project awareness.**
- **Training workshops for volunteers and health professionals resulted in significant changes in confidence and ability to use the skills learned.**
- **The worksite campaign and the Iranian cookbook project resulted in changes in self-reported heart health knowledge and behaviours.**

Heart Smart North Shore products include:

Small Worksite Message Campaign Kit
Walking Resource Binder
Walking Log Book
Community Awareness Campaign
Health Eating "Stages of Change" fliers
Journey to Heart Health: A Guide to
Process Evaluation in Community-Based
Health Promotion
Heart Health Mini-Posters
Iranian and Edgemont Village Cookbooks.

Squamish Hearty Lifestyles

This project focused on four major initiatives. With the involvement of a broad-based coalition of organizations and individuals in the community, a management committee and three sub-committees organized a number of activities. Throughout these activities, the project sought to maintain a community-centered approach where organizations and citizens were actively involved in the planning and implementation of initiatives. Major goals of the project were to reduce risk factors in people already known to be at risk for cardiovascular disease, and to generally increase access to healthy choices and activities.

Following the one-year NHRDP site visit, the Squamish Hearty Lifestyles project sharpened its focus to concentrate on three major initiatives—the Passport to Health, healthy public policy (Clean Indoor Air Bylaw), and schools and youth initiatives. A fourth major initiative, the Swim Across Canada, occurred prior to the site visit. In addition to these primary initiatives, a variety of community awareness activities were implemented including media campaigns, heart health fairs, contests and the distribution of promotional materials. The Squamish project was unique among the demonstration communities because the management committee chose to stagger the planning and implementation of the four initiatives over time.

Swim Across Canada

Swim Across Canada was the kick-off activity for the five-year project in Squamish. Increasing access to active living was the goal of Swim Across Canada, and this occurred on two levels. At the individual level, over 750 residents (15 per cent of the population) participated in the event, swimming the equivalent distance of across Canada and back in just 19 weeks. At the community level, the event enabled a diverse group of community representatives from public health, recreation, education,

and the private sector to blend their respective agendas and combine resources into one community-wide event. This event paved the way for further partnerships and was modified for use by the Cranbrook Regional Hospital (Hike Across Canada). This event also introduced the Passport to Health program.

Passport to Health

The goal of the Passport to Health project was to encourage participants to change their behaviour in the areas of physical activity, nutrition and leisure. This project was based on the "stages-of-change" model. The project pilot used a team competition format and included teams from both neighbourhoods and worksites. Participants were required to log their activities and were then rewarded for making lifestyle changes in the three areas.

Healthy Public Policy

The Healthy Public Policy committee implemented three key activities. In the initial stages, this committee focused on researching bylaws from other jurisdictions and conducting a random representative survey of Squamish residents' attitudes and behaviours related to tobacco use and control. Following this phase, the committee then drafted and submitted a clean indoor air bylaw to Squamish City Council, as well as a petition of support signed by Squamish residents. After the councilors indicated that there was a lack of public support for the bylaw, a social marketing campaign called Care About Your Air was developed and implemented. The aims of this campaign were to raise awareness of the dangers of second-hand smoke, call people to action and provide incentives to citizens. Despite these activities, the bylaw was tabled for future consideration.

Schools and Youth

The Schools and Youth initiative was planned and implemented in the final year of the project and consequently was not fully mature by the end of 1997. Despite the short time frame, heart health surveys were conducted in two high schools and an elementary school poster contest was held in which more than 500 anti-smoking posters were submitted. In addition, the career and personal planning class in one high school implemented a variety of heart health activities for the school.



Squamish

Results

- Squamish Hearty Lifestyles implemented 39 activities and reached an estimated 12,869 people in the community.
- A one-month follow-up evaluation of the Passport to Health program showed significant changes in diet and the use of leisure time by participants.
- A follow-up survey to the Care About Your Air campaign showed significant increases in knowledge and awareness of second-hand smoke and shifts in smoking habits.
- Several Squamish businesses and restaurants became smoke-free during this period.

Squamish Hearty Lifestyles products include:

Passport to Health
Clean Indoor Air Bylaw
Care About Your Air social marketing campaign materials



Upper Island

Upper Island: Love Your Heart

The goal of the Love Your Heart Project was to reduce the incidence of mortality and morbidity due to cardiovascular disease in the Upper Island by enabling people to increase control over their heart health. At the outset, a community coalition was formed to plan and implement heart health activities on the Upper Island. The coalition was supported by a technical steering committee comprising representatives of the Upper Island Union Board of Health and the local health unit.

A public survey and key informant interviews were then conducted, and the initial project direction was refined to promoting awareness of the risk factors for heart disease through schools, workplaces and health care institutions. In the first year, 10 community-based grants were provided for heart health activities including a worksite heart health project in a local hospital; heart healthy nutrition classes for aboriginal women; the creation of an award-winning smoking prevention video by high school students; a CPR awareness campaign; fitness in the workplace; heart health workshops; and a stress management seminar. Following the one-year NHRDP site visit, the Upper Island: Love Your Heart project refocused on a school district worksite project and community awareness and partnerships. Plans were based upon information gathered during community and worksite heart health surveys.

School District Heart Health Worksite

The School District Heart Health Worksite project represented a strong partnership between the Love Your Heart project, school district administration, teachers and support staff. Key committee members for this initiative remained involved for the whole three years. In 1996, the Employee and Family Assistance program members joined the committee, and it was renamed as the Wellness Committee. During this project,

school district staff in multiple sites were offered the opportunity to complete a coronary risk profile and participate in a number of events and workshops (low-fat cooking, walking programs, stress management classes). Several presentations were made on Pro-D Day, and training on "stages of change" was offered to teaching staff. In addition, bulletins and newsletters were produced and distributed to each school. Employees participated in over 38 events from May 1995 to May 1997.

Community Awareness and Partnerships

The Community Awareness and Partnerships initiative was planned and implemented by the Comox Valley Heart Health Task Force, which was formed in the fall of 1994 and included both community volunteers and representatives of partner organizations. This initiative helped to extend heart health promotion beyond Courtenay to citizens in the geographical area served by the Upper Island Union Board of Health. The area has a population of approximately 100,000 spread across a region from Fanny Bay in the south to Port Hardy in the north.

The Comox Valley Heart Health Task Force was responsible for producing two major resources. The first was the Heart Health Resource pamphlet, which described where to access heart health resources in the Comox Valley area. The second was the Heart Health Presentation Kit, which provided teaching materials for health and recreation professionals who were often keen to disseminate heart health promotion messages but had little time to develop their own teaching materials. The pamphlet was distributed to public health units, physician clinics, the local hospitals and other health-related agencies. The presentation kit was available in two formats—flip charts and overheads. Both formats were accompanied by a facilitator's guide, which included tips for setting the tone; a presentation script; a sample of suitable pamphlets for distribution; and evaluation materials. Over 25 pre-

sentations were made with the kit between June 1996 and June 1997.

In addition to these two main initiatives, the Comox Valley Heart Health Task Force partnered with a variety of community professionals across the region to offer a wide variety of heart health activities. These activities included Well Women and Well Men Clinics; Heart Health Fairs; and presentations to seniors, special needs groups, teen moms and schools.

The Love Your Heart project, in partnership with a variety of local organizations, also applied for and received funding under the Health Canada Tobacco Demand Reduction Strategy Community Action Initiatives Program for two tobacco-reduction initiatives. The first was the Toward Healthy Family Breathing project in the Comox Valley, a stages of change-based training workshop and resource for changing smoking behaviour among perinatal women. The second was the Campbell River Tobacco project, which was aimed at enhancing smoking cessation opportunities for youth. The Toward Healthy Family Breathing project trained 66 perinatal workers. Technical support for these two projects was provided by both local and provincial heart health coordinators.

Results

- Love Your Heart implemented 96 activities which reached an estimated 14,802 people in the Upper Island Region.
- A survey of community residents conducted in the Comox Valley in 1995 and again in 1997 showed that there was a significant increase in awareness of the project and its activities by the community
- The evaluation of the school district heart health worksite project showed significant changes in self-reported physical activity and dietary habits.
- Evaluations from 10 of the presentations using the Heart Health Presentation Kit showed that the presentations were well-received and appeared to have an impact on intentions to make lifestyle changes. Eighty-five per cent of those participating in the workshops reported plans to share the information with others.
- Perinatal women who were exposed to the messages and materials of the Toward Healthy Family Breathing project reported changing their smoking behaviour.
- The Toward Healthy Family Breathing workshop was disseminated to eight other regions in B.C.

Upper Island: Love Your Heart products included:

Heart Health Resource Directory
Heart Health Presentation Kit
Worksite Manual
Newsletter

The Provincial Heart Health Coalition

The B.C. Heart Health Coalition, a partnership of 32 organizations created in 1993, was an important element of the B.C. Heart Health Demonstration Project. The coalition aimed to foster a supportive environment for heart health activities in the province, and provided a forum for a variety of agencies and individuals to collaborate on CVD prevention activities.

The B.C. Heart Health Coalition was originally organized into a core committee which provided overall direction and operational decision-making, and several sub-committees that were responsible for initiatives involving networking, communication, resources and advocacy.

- The networking initiative helped to link individuals and organizations across the province through conferences and meetings.
- The communications initiative created a heart health newsletter (LINK), which was distributed to coalition members, interested individuals and other organizations through existing distribution systems.
- The resources initiative developed a directory of heart health resources for the province.
- The advocacy initiative was responsible for one of the key activities of the coalition during the five-year project—the research and writing of three advocacy documents regarding the impact of tobacco, food and nutrition, and physical activity on cardiovascular health. Over the course of the project, networking and resources were incorporated into advocacy activities.

Advocacy documents

The first advocacy document, *B.C.-Leading the Pack on Tobacco* (1994), acted as a catalyst for the first Tobacco-Free B.C. Conference in Vancouver, and led to the involvement of the Heart and Stroke Foundation of B.C. and Yukon in the cam-

paigns for clean air bylaws in the lower mainland. Both the *Leading the Pack* advocacy document and the Tobacco-Free Conference provided information that was subsequently used by groups across the province for community planning, funding requests and networking opportunities for bylaw campaigns. As a result of interest in B.C.-*Leading the Pack on Tobacco*, the B.C. Cancer Society, the B.C. Lung Association and the Heart and Stroke Foundation of B.C. and Yukon formed a partnership to develop a second document, *B.C.-Leading the Pack on Tobacco* (1996).

The second advocacy document produced by the coalition, *Feed Our Future, Secure Our Health* (1996), brought together a broad assembly of organizations interested in food economics, nutrition, public policy and food safety/security. This document was presented to six provincial ministers, including the B.C. Minister of Health and Minister Responsible for Seniors, in early 1998. It has since resulted in the establishment of an inter-ministerial working group which is exploring the formation of a provincial committee and other ways of ensuring a comprehensive and coordinated means of addressing issues that affect the nutritional well-being of British Columbians.

The third advocacy document, *B.C. Setting the Pace* (1997), is a discussion paper which summarizes the key research findings on the health benefits of physical activity and outlines the economic costs of not taking action. The Heart and Stroke Foundation of B.C. and Yukon is spearheading a consultation process which is targeting specific recommendations for action in this area.

Major Findings and Key Lessons

The experience of the BCHHDP suggests that community-based heart health promotion programs are a viable and legitimate means of promoting the health of Canadians. The following are some major findings relating to the seven goals of the project and key lessons learned in these and other areas.

Building Effective Partnerships

Building and maintaining community partnerships at both the provincial and local levels proved essential in mobilizing the economic, social and human resources necessary for the project. BCHHDP partners, including organizations, agencies and community members, shared responsibilities and provided in-kind assistance in the form of expertise and skills, administrative support, leadership, staff time and project funds.

Research data from the project indicated that the formation of community partnerships was enhanced by several factors including the BCHHDP's clear mission statement, which many organizations and residents readily shared; the fact the project had visibly supportive champions behind it; and the project's leadership style, which emphasized working collaboratively and nurturing inclusiveness and respect.

It was initially hampered by a number of factors including developmental delays in the project, the one-year site visit review and inadequate technical support.

Key Lessons Learned

- ♥ To build cohesive community partnerships, it helps to have:
 - a clear mission statement that all prospective partners can share;
 - a lead agency or opinion leaders who are visibly supportive of the project;
 - a collaborative, inclusive leadership style.
- ♥ Expectations of all project partners, including the funding agency, need to be clarified at the project outset.
- ♥ Delays can affect project momentum, participation and partnerships. To avoid delays, funding agencies need to consider realistic timelines for the application and planning phases, and the distribution of funds.
- ♥ Technical reviews of projects need to be conducted during the early planning stages.

Sharing Information and Results

Community project coordinators found that disseminating information and results from their projects to other organizations and communities was difficult during the implementation stages. Dissemination required staff time and resources that were just not available.

However, in some cases there was a natural spreading or diffusion of information about a project when another community or group would hear about it and contact those responsible for details. Often there were requests for information about a project before any formal resources about the project were available.

This transfer of information between communities was enhanced by the networking that occurred during meetings and training workshops and by BCHHDP's centralized approach to providing technical support.

As well, the heart health projects were seen as a resource for general heart health information. Each project either distributed generic heart health messages, or directed inquirers to already established sources for information such as a local public health unit or nutritionist.

Research data from the project showed that activities and programs with the best dissemination and diffusion potential were those in which the leaders were actively interested in sharing the results; all stages of planning and implementation were well-documented; the key operating principles were clearly identified; the outcomes included tangible resources or innovations; and the demonstration site staff had ongoing training and support in disseminating information and results to other communities and organizations.

Key lessons learned

- ♥ Disseminating information and results from a project requires time and resources. However, if repeating an activity in other locations is a project goal, directing current project resources to dissemination activities is important.
- ♥ The potential that a program or activity can be repeated in other locations will be enhanced if:
 - all the steps and outcomes of the program are well-documented from the outset;
 - the program has clearly-identified key principles, objectives and plans;
 - staff are trained and available to disseminate information about the program and how to use it.
- ♥ It is a good idea to plan for the natural spreading of ideas and information, and the impact of requests for information from other areas, projects, communities, regions and provinces on project resources.
- ♥ Conferences, workshops and the provision of central technical expertise and coordination can facilitate the spreading of a "product" or idea.

Establishing Sustainable Activities and Strategies

A key purpose of the BCHHDP was to develop viable and sustainable heart health initiatives and strategies that could exist beyond the life of the five-year demonstration project. Although all four demonstration-site communities have now dismantled their organizational structures, some aspects of the initiatives or programs in each of the demonstration sites continue to be maintained by other partner organizations and agencies.

Research data from the project indicated the potential for sustainability was enhanced by the vision and energy of provincial and local leadership; a timeline that permitted some heart health initiatives

to become established and integrated into the community; the building of community capacities and skills; the partnerships formed with established health programs and services; and the fit between demonstration project initiatives and established services in the community.

The potential for sustainability was impeded by the short duration of most projects; limited funding and resources which went into implementing the initiatives and strategies; the rapid turnover of volunteers and community coordinators; uncertainty among the regionalized health structures in the province; and the lack of purposeful planning for sustainability:

Key lessons learned

♥ **Key ingredients for increasing the chances that a program or activity will be sustainable beyond a demonstration period include:**

- an internal commitment of funding and resource;
- a committed leadership;
- a timeline that is long enough to permit the program to become established and integrated into the community;
- a good fit between the program and activity and other programs and services already being offered in the community.

Increasing Heart Health and Decreasing Heart Disease

A principal goal of the BCHHDP was to increase heart health and decrease the potential for heart disease in the four demonstration communities. To that end, the project sought to assess the impact of the heart health initiatives on residents' and participants' CVD-related knowledge, awareness and behaviour through annual surveys in each of the demonstration communities. An estimated 89,815 people, out of total population of 292,000 in the four communities, were reached through 303 different heart health activities over the five years.

The activities typically implemented in the BCHHDP could be described as high reach, moderate dose activities—that is, they were generally activities that reached a lot of people but had only moderate contact with each individual. Almost half of the activities implemented provided members of the target audience with more than 15 minutes of contact time with trained health professionals in a group setting. Eighty-five per cent of the activities included a single contact with the target audience. No activities provided members of the target audience with more than three one-to-one contacts with a health professional, while 15 per cent provided no contact with a health professional. (In these cases, the message was delivered through media campaigns developed by health professionals.) Activities with high reach, low-to-moderate dose would be expected to achieve changes in knowledge and attitudes and small changes in behaviour.

Among individual residents who participated directly in the heart health activities, an average of 82 per cent reported gaining knowledge, 80 per cent intended to make lifestyle changes, and 69 per cent reported already making changes in behaviour (e.g., exercise, nutrition & smoking) as a result of their participation. Surveys of broader populations such as schools and worksites, as well as random samples of community residents, showed impacts were more mixed at

broader levels. Among those surveyed, there were clear increases in reported levels of knowledge/awareness of heart health (50 per cent) and intentions to make some lifestyle change (31 per cent). However, the small number of reported changes in some CVD-related behaviours (smoking & nutrition) at the community level could not be solely attributed to BCHHDP interventions because of the absence of a comparison community.

♥ Key Lessons Learned

- ♥ The amount of resources (both money and staff) allocated to a project will affect the types of activities selected, and therefore the reach and outcomes expected. Activities that reach a lot of people are usually inexpensive but are less likely to result in behaviour changes because contact with the individual is low. Activities that include lots of contact with an individual are expensive, reach fewer people, but are more likely to result in behaviour changes.
- ♥ In a short-term project (two to five years) with activities that reach a lot of people in the community but have a low-to-moderate amount of contact with each person, it is reasonable to expect changes in knowledge, awareness and attitude, and small changes in behaviour in the target audience.

Developing A Practical Evaluation Plan That Involves All Stakeholders

An integral part of the BCHHDP was the development of a practical research/ evaluation plan in which all stakeholders in the demonstration communities were actively involved. The supposition was that such community-level participation in the research component of the project would ensure community perspectives were represented; lead to more democratic decision-

making; enhance the use of research data by communities; and permit the investigators and project staff to respond to emerging issues in each community.

Research findings from focus groups and interviews with community coordinators and representatives on the provincial management committee indicated the project was somewhat successful in attaining community participation in research and evaluation tasks such as identifying health needs; defining research goals; selecting indicators of success; and choosing methodologies and measures. However, achieving the ideal level of participation of communities in the research component of the project was hampered by the controls imposed by external funding requirements, and the limited research skills and experience of community representatives.

♥ Key lessons learned

- ♥ Community participation in the research and evaluation component of a project can be enhanced by:
 - clarifying the expectations for research and evaluation at the outset of projects;
 - reducing the controls imposed on the selection of outcome indicators and methodologies;
 - focusing on building research and evaluation skills at the community level.

Generating Public Policy That Supports Healthy Environments

One of the goals of BCHHDP was to generate healthy public policies at both a community and provincial level that would encourage and support residents' efforts to reduce their CVD risks. The provincial heart health coalition was the principal means of advancing healthy public policy at the provincial level through its three advocacy papers on tobacco, nutrition and physical activity. At the community level, Squamish was the only demonstration community to initially select healthy public policy as a major focus for its activities. One of the project committee's key activities was to draft and submit a clean indoor air bylaw to Squamish City Council. Later, during the fourth year of the project, Kimberley HeartLinks, as a key partner in the Toward A Smoke-Free Kimberley initiative, participated in the submission of a clean air bylaw to city council in that community.

Research data collected from interviews and focus groups showed the project achieved several positive results in the public policy area. Provincially, stakeholders identified that the Leading the Pack advocacy papers influenced changes in the funding of the provincial Tobacco Reduction Strategy, the implementation of a provincial tobacco survey and the formulation of new provincial policies for child care facilities. Although both of the attempts by demonstration communities to have clean air bylaws passed in their communities were unsuccessful, these efforts provided networking and educational opportunities for communities. Their participation in the Tobacco Free Conferences encouraged heart health volunteers and staff in all four demonstration sites to apply for community-action initiative funding from Health Canada.

Key Lessons Learned

- ♥ Some key factors that contribute to an issue's readiness for advocacy and the potential success of that advocacy are:
 - the presence of a monitoring and planning mechanism;
 - development of evidence-based policy options;
 - relationships with policy makers;
 - the ability to interest the media;
 - skills in building coalitions;
 - high levels of issue importance and current relevance;
 - the availability of solutions and support for implementing the solutions;
 - having sound evidence of effectiveness.
- ♥ Advocacy takes time and may require a variety of different activities such as surveys, media campaigns, partnership building and strategy documents.
- ♥ Centralized training workshops and conferences plus access to evidence-based resources such as the Leading the Pack documents encourages action at the community level.

Being Fiscally Responsible and Accountable

It was also a goal of the BCHHDP to be fiscally responsible and accountable. The project set out to achieve this goal in several ways—by developing a system for maintaining financial accountability; by keeping accurate financial records and submitting detailed financial reports; and by being financially creative in seeking out other partners and stakeholders who would contribute funding and resources to the project.

A post-hoc analysis of the project's finances revealed that accountability and financial effectiveness varied over time, but clearly improved as the resources needed to track, explain and communicate the factors influencing desired project outcomes were put

in place. The financial reporting structure and operating mechanisms, quarterly and annual reports, the National Health Research Development Program of Health Canada site visit, and the evaluation process itself all served to make the BCHHDP responsive to a changing political and economic environment. Finally, the receipt of a fiscal dividend, in the form of in-kind resources and cash contributions from partner agencies and volunteers, clearly demonstrated the economic importance of encouraging com-

munity participation and collaboration among organizations. For every heart health dollar contributed by the National Health Research Development Program of Health Canada and the B.C. Ministry of Health for this project, it was estimated that an additional 73 cents was contributed by partners in the demonstration-site communities and an additional 58 cents contributed by the provincial-level partners involved with the B.C. Heart Health¹ Coalition.

♥ Key Lessons Learned

- ♥ The financial position of a project can be strengthened by seeking out partners and stakeholders who can contribute funding and resources.
- ♥ A written contract that commits a project team to evaluation and accountability measures, operational planning, and reporting formats and timelines supports follow-through related to these items at the end.
- ♥ In order to support continued commitment to guidelines and accountability, plans should be reviewed early in the process.
- ♥ It is important to provide detailed training guidelines, standardized reporting forms and technical assistance for planning and reporting.
- ♥ Detailed event and operational tracking is needed to achieve accountability and program performance monitoring. However, this has resource implications. (It was estimated by community staff in the BCHHDP that approximately one-third of their time was devoted to evaluation and reporting requirements.)
- ♥ Feedback loops such as quarterly reviews of operational data, annual reviews of qualitative evaluation data, monthly conference calls and quarterly meetings with project staff and management help a project remain responsive to shifting political, economic and organizational environments.
- ♥ Timely feedback of data to project partners and staff for decision-making increases the "buy-in" to the accountability processes.
- ♥ An electronic database that allows for the immediate review of operational data (minutes, decisions, tracking, plans) within and across communities, and for the pairing of costs with results and reach, facilitates accountability, program performance monitoring and evaluation.
- ♥ Project partners and staff are more likely to use tracking and reporting forms and evaluations if they collaborate in creating them.

♥ **Having access to centralized technical information and support enhances the ability of demonstration sites to successfully implement and manage community activities, and gather data for research and evaluation. To be effective, technical support should:**

- **involve communication that is responsive, flexible, accommodating and continuous;**
- **be based on trust, respect, inclusiveness, the sharing of responsibility and a capacity for humour;**
- **address the immediate needs and timing of the recipients.**

Future Plans

As a result of this five-year Heart Health Demonstration Project, the B.C. Heart Health Demonstration Project investigators have recently delineated a model for promoting heart health and preventing CVD in communities. This model is also built on the policy framework developed by the Federal/Provincial/Territorial Working Group on the Prevention and Control of Cardiovascular Disease, outlined in *Promoting Heart Health in Canada* [1987]. The following are the cornerstones of the model:

- a community-based, multi-risk factor approach;
- community partnerships and coalitions, to mobilize communities and increase resources;
- evidence-based planning, policy-making, implementation and evaluation of programs;
- building the knowledge and skills of communities and individuals;
- technical assistance and support from project staff to facilitate action.

This model is now being used as a guide to implementing the B.C. Heart Health Dissemination Project, which will share the findings and innovations of the BCHHDP with interested policy makers, senior administrators and service providers in British Columbia's 18 health authorities.

APPENDIX A:

Participants in the Project

Project Investigators and Staff

Lynne Blair, Principal Investigator, Ministry of Health

Brian O'Connor, Principal Investigator, North Shore Health

Richard Rees, Co-Investigator, Heart and Stroke Foundation of B.C. and Yukon

Larry Green, Co-Investigator, Institute of Health Promotion Research (IHPR), University of British Columbia (UBC)

P.J. Naylor, Provincial Coordinator

Jill Yelland DeMooy, Database Administrator (1994 - 1997)

Carol Begg, Administrative Asst. (1992 - 1996)

Jim Frankish, Research Supervisor, IHPR, UBC

Heather MacLeod-Williams, Research Assistant, IHPR, UBC

Brenda Canitz, Research Assistant, IHPR, UBC

Mimi Doyle-Waters, Research Assistant, IHPR, UBC

Demonstration Site Personnel

Cranbrook /Kimberley HeartLinks

Linda Douglas, Coordinator 1991

Cheryl Taylor, Coordinator, 1992-1993

Joan Bray, Coordinator 1994-1995

Linda Douglas, McHeartLinks Coordinator, 1995-1997

Simone Haney, Cranbrook Regional Hospital Coordinator, 1996 - 1997

Joan Bray, Manager, Continuing Care Cranbrook Health Unit, Provincial Management Committee

Heart Smart North Shore

Jean Thompson, Coordinator, 1989-1995, 1997

Jill Ackhurst, Coordinator, 1996

Brian O'Connor, MHO North Shore Board of Health, Provincial Management Committee

Squamish Hearty Lifestyles

Dana Simpson, Coordinator, 1991-1996

Sarah Braebrook, Coordinator, 1996-1997

Paul Martiquet, MHO, Coast Garibaldi Union Board of Health, Provincial Management Committee

Upper Island Love Your Heart

Elaine Whittington, Coordinator, 1992-1993

Donna McNeil, Coordinator, 1994-1997

Brian Emerson, MHO Upper Island Union Board of Health, Provincial Management Committee

B.C. Heart Health Coalition Members

Alliance for Fitness and Health

B.C. Ambulance Service

B.C. Council on Smoking and Health

B.C. Dietitians' and Nutritionists' Association

B.C. Doctor's Stop Smoking Project

B.C. Drug and Poison Information Centre

B.C. Health Association

B.C. Health Educators Association

B.C. Healthy Communities Network

B.C. Lipid Clinic Outreach Program

B.C. Lung Association

B.C. Medical Association

B.C. Ministry of Health and Ministry Responsible for Seniors

B.C. Pharmacy Association

B.C. Psychological Association

B.C. Society of Occupational Therapists

Canadian Cancer Society, B.C. and Yukon Division

Canadian Council of Cardiovascular Nurse Association, B.C. Division

Canadian Diabetes Association, B.C./Yukon Division

College of Family Physicians of Canada, B.C.
Chapter

College of Psychologists of B.C.

Directorate of Agencies on School Health

Health Care Benefit Trust

Health Officers Council of B.C.

Heart and Stroke Foundation of B.C. & Yukon

Institute of Health Promotion Research, UBC

Physiotherapy Association of B.C.

Registered Nurses Association of B.C.

St. Johns Ambulance

St. Paul's Hospital Healthy Heart Program

University of British Columbia Division of
Cardiology

University of British Columbia Health Care
and Epidemiology

YWCA

APPENDIX B:

Innovations and Products Available from BCHHDP

There are a series of products/innovations from the project which would be appropriate for dissemination to other health professionals involved heart health promotion. Products which have been developed, or are under development, by project staff and investigators include the following:

- Final Provincial Report of the B.C. Heart Health Demonstration Project
- Heart Disease and Stroke in British Columbia [1997] document
- Heart Health Coalition Advocacy Papers
- Leading the Pack (tobacco)
- Feed Our Future, Secure Our Health (nutrition)
- Setting the Pace (physical activity)
- Heart Health Information System [HHIS]
- Standards for Community Heart Health Programs
- Technical Expertise [central infrastructure for provision of technical assistance]
- Final Reports from each of the four Demonstration Communities
- Community Stories Document

Innovations and resources produced by the four demonstration site communities

Cranbrook/Kimberley Site:

- The Heart Cart
- Heart Health Club
- Hike Across Canada Kit
- Planning Cross-Curricular Projects for Heart Health

North Shore Site:

- Small Worksite Message Campaign Kit
- Walking Resource Binder
- Walking Log Book
- Community Awareness Campaign
- Healthy Eating 'Stages of Change' fliers
- Journey to Heart Health: A Guide to Process Evaluation in Community-Based Health Promotion
- Facilitators Guide and Peer training for "Beauty from the Inside Out" (smoking prevention)
- Heart Health Mini - Posters
- Iranian and Edgemont Village Cookbooks.

Squamish Site:

- Passport to Health
- Clean Indoor Air Bylaw
- Care About Your Air: Social Marketing Campaign materials

Upper Island Site:

- Heart Health Resource Directory
- Heart Health Presentation Kit
- Worksite Manual
- Newsletter

APPENDIX C:

Conference Papers and Publications from BCHHDP

Naylor, PJ, Blair, LE, O'Connor, B, Green, LW, Rees, R (1998) An evaluation of technical assistance in the British Columbia Heart Health Demonstration Project: Essential elements and critical issues. Paper presented at the 12th Canadian Heart Health Network Meeting, Halifax, November.

Blair, L, Green, L, Naylor, PJ, O'Connor, B, Frankish, J, Canitz, B (1998) Use of qualitative analysis in monitoring and evaluating the British Columbia Heart Health Demonstration Project. Paper presented at the meeting of Qualitative Analysis in Process Evaluation for Heart Health, Montreal, February.

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MacGregor, LJ, Naylor, PJ, Blair, LE, Rees, R, O'Connor, B (1998) Public health advocacy: A comparison of three initiatives developed by the British Columbia Heart Health Coalition. Paper presented at the 12th Canadian Heart Health Networking Meeting, Halifax, November.

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Blair, LE, O'Connor, B, Green, LW, Naylor, PJ, Canitz, B (1998) The British Columbia Heart Health Demonstration Project: mobilizing communities for heart health. Paper presented at the 3rd International Heart Health Conference, Singapore, August.

Balram, C, Blair, LE, Cameron, R, Connelly, PW, Cooper, K, Donovan, C, Edwards, AC, Gelskey, D, Hogan, K, Joffres, MR, Lessard, R, MacDonald, S, MacLean, DR, McLeod, E, Nargundkar, M, O'Connor, B, Paradis, G, Pasut, G, Petrasovits, A, Reeder, BA, Schabas, R, Stachenko, S, Sweet, L, White, R (1997) Evaluation and dissemination strategies of the Canadian Heart Health Initiative. Paper presented at the 4th International Conference on Preventive Cardiology and the 37th Annual Meeting of the Council on Epidemiology and Prevention, American Heart Association, Montreal, June/July.

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- Blair, LE, DeMooy, JM, Naylor, PJ, Green, LW, Frankish, J, MacLeod-Williams, H, O'Connor, B (1996) Heart Health Information System: A tool for project management. Abstract presented at Information Technology Issues in Community Health, Victoria, November.
- Blair, LE, Naylor, PJ, Frankish, J (1996) A determinants approach to heart health. Paper presented at La Promotion de la Sante et la Sante des Population: au Confluent des Visions, Montreal, June.
- Blair, LE, Naylor, PJ, Green, LW, Yelland-DeMooy, J, O'Connor, B, (1996) Strengthening community action: the role of technical support. Abstract presented at the Canadian Heart Health Network Meeting, Calgary.
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